

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

HIRAM W. DAVIS MEDICAL CENTER

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INSPECTOR GENERAL

OIG REPORT # 65-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Hiram W. Davis Medical Center in Petersburg, Virginia during July 29, 2002. The purpose of a snapshot inspection is to conduct a brief unannounced review of a facility with a primary focus on three quality of care areas. The areas are as follows: the general conditions of the facility, staffing patterns and concerns and the activity of patients.

Many improvements have occurred at this facility since the OIG first reviewed the facility in 1999. Major renovations have been completed. During this inspection, the facility was noted to be clean, comfortable and well maintained.

There has been a significant increase in nursing staff coverage, which has diminished the use of mandatory overtime. This has continued since the last inspection as confirmed by nursing staff interviews. The facility offers support for staff members seeking career advancement.

Since the integration of rehabilitation services, the facility has made an increased effort at providing active interventions for these complex and medically fragile patients. Continued efforts at getting appropriate intervention to maintain and in some cases increase the individuals' level of functioning is needed.

Facility: Hiram W. Davis Medical Center

Date: July 29, 2002

Type of Inspection: Unannounced Snapshot Inspection

Reviewers: Anita Everett, MD

Cathy Hill, MEd

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Purpose of the Inspection: To conduct a snapshot inspection of the general environmental conditions, staffing patterns and active treatment opportunities of the patients.

Sources of Information: Interviews were conducted with administrative and clinical staff, as well as a family member. Patients were also interviewed. Documentation reviews, included but was not limited to; patient(s) medical records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: The facility was clean, comfortable and well maintained.

Background: Hiram W. Davis Medical Center (HWDMC) is the only state operated freestanding medical center. It is an eighty-bed facility designed to meet the often intensive medical needs of persons stable enough to be discharged from acute care hospitals but requiring a level of care not typically provided by the other state-operated mental health facilities or the training centers. Currently there are 60 beds designated for skilled care, 10 intermediate care beds and 10 medical/surgical beds. Consequently, the majority of patients at the facility require intensive nursing care.

Even though most of the referrals to the facility (48 of the 69 patients in the facility on the date of the inspection) come from Central State Hospital and Southside Virginia Training Center, the facility serves persons from the other facilities throughout the Commonwealth.

Members of the inspection team conducted a tour of the facility. This included a tour of treatment and residential areas. The majority (95%) of the patients were in their beds. The team was informed of the facility's on-going efforts at increasing the degree of stimuli offered to each patient by assuring that access to music with radios or visual stimuli through televisions is made available in each room. Plans are to complete this project as soon as possible. Since the completion of previously noted renovations, the facility has been working on making this institutional setting more home-like and personalized for the patients. The team noticed curtains, pictures, family photos, stuffed animals, and bed-sets. A parent of a patient interviewed during the course of the inspection indicated that he was pleased with the overall maintenance of the facility. Despite his initial reservations regarding the enclosing of the "socials", he indicated that the degree of stimuli offered his son has been maintained.

Facility housekeeping staff are assigned to each shift to assure that the environment is clean and odor-free. One of the primary functions of the daytime housekeeping supervisor is to assure that proper disposal of wastes occurs and appropriate care has been given to provide a sanitary environment.

Recommendation: Continue with planned efforts to provide increased opportunities for stimuli to be available for all patients at the facility.

DMHMRSAS Response: One plan to increase opportunities for stimuli, the Patient Pavilion has been completed and will be inaugurated with a Patient-Family Picnic September 25, 2002. The pavilion will increase opportunities for patients to be outside in a covered shelter. A workgroup has met twice to develop plans for using the pavilion.

To increase opportunities for increased stimuli inside the facility, the staff office space in the 3rd floor Therapeutic Recreation Room is being consolidated to increase patient use of the room. Nursing takes patients to this room when it is not in use by Recreation. This increases patient socialization and allows the patients increased time out of their rooms.

To increase patient interaction and to normalize mealtimes, part of the room is being used for patient dining. This eliminates the need for patients eating in the hallway as they had previously done due to space limitations.

Other efforts to increase patient activities and mobilization include:

- ♦ Two volunteers who focus on reading to patients and assisting with patient transport to activities.
- ♦ A music group run by the Social Services Department supplements regularly scheduled Recreation groups.
- ♦ Rehabilitative Services and Nursing Service work cooperatively to find the most appropriate wheelchairs or other mobility aids for getting patients out of bed.
- ♦ Rehabilitative Services contacts the home facility of any new admission to have any custom wheelchairs transferred to HWDMC for the patient's continued use.
- ♦ Rehabilitative Services works cooperatively with the SVTC Wheelchair Evaluation Team and Wheelchair Shop to ensure that patients have the most appropriate mobility aid.

STAFFING ISSUES

Finding 2.1: Staffing patterns were consistent with facility staffing expectation despite only one RN providing coverage for both units on the 3rd Floor.

Background: A staff schedule was obtained and verified during the tour of the wards. The team's observations were that these staffing levels were appropriate for providing care to the patients. As the majority of patients at this facility are identified as needing skilled care, staff is composed of RNs, LPNs and CNAs. The staffing patterns during the day shift were as follows:

2 North	1RN	2 LPNs	5 CNAs	to 16 patients
2 South	1RN	2 LPNs	3 CNAs	to 12 patients
3 North	.5RN	2 LPNs	3 CNAs	to 20 patients
3 South	.5RN	3 LPNs	3 CNAs	to 21 patients

It was noted that the RN on the third floor rotated between the two wards. This practice does not meet the intent of nursing requirement as established by the DOJ in other

facilities and is disconcerting for a population that requires intensive nursing interventions and on-going assessments.

Recommendation: Review current practice of staffing RNs to assure that adequate coverage is maintained for these complicated patients.

DMHMRSAS Response: Four Registered Nurses have been employed since this survey was conducted. All are currently in the process of completing clinical orientation. These additional Registered Nurses will assist in alleviating the issue of one RN covering for both 3rd floor units. One RN may be used to provide coverage for both units on the 3rd floor in the following situations:

1. The patient acuity level is low.
2. There are enough Licensed Practical Nurses on duty (minimum of 8-9 LPN's) to support the Registered Nurse.
3. The RN assignment frees her to circulate and make frequent rounds.
4. The Nursing Supervisor on duty (on-call) gives approval, and makes the determination that one RN will not jeopardize the patients.

Finding 2.2: Use of mandatory overtime has been very limited during the past six months.

Background: HWDMC has been working on decreasing the use of mandatory overtime since it was initially noted by the OIG in November 1999. This has been accomplished through several mechanisms such as the use of nursing contract agencies and the hiring of additional permanent nursing positions. Interviews with 10 nursing staff members indicated that mandatory overtime was very limited and not considered a significant issue. During the inspection, the team was informed that no one was working mandatory overtime during the day shift.

Recommendation: Continue to discourage the use of mandatory overtime as a remedy for staffing shortages.

DMHMRSAS Response: The facility will continue to monitor, and analyze the mandatory overtime data collected monthly; continue to hire Float Pool staff (P-14), as supplemental staffing; use patient acuity as the baseline for staffing decisions rather than using the mandatory overtime to meet the numbers; continue to enforce the Nursing staffing adjustment policy, wherein employee time schedules are posted for a six -week period with requests for planned absences after posting is granted only if the employee requesting off switches days off with another staff member. This maintains appropriate numbers of staff to accommodate any unplanned absences, thereby reducing mandatory overtime use.

Finding 2.3: HWDMC coordinates internally and with surrounding facilities to offer a variety of supports to staff seeking to pursue advanced training.

Background: A review of administrative documents and interviews with employees indicated that HWDMC offers a variety of supports to employees seeking advanced career training. Currently, HWDMC is benefiting from a federal grant received by Southside Virginia Training Center (SVTC) to partner with John Tyler Community College (JTCC) to provide classes on the SVTC campus. The classes offered would include a variety of topics, such as nursing and computer courses and could be taken for credits that would transfer to programs at JTCC. The facility dedicated \$2500 for tuition reimbursement in FY2002 and intends to do the same in FY2003. In FY2002, the 3 staff that benefited from the tuition reimbursement were 2 Direct Care Associates and 1 support services employee.

The facility also conducts inservices for all staff and offers the opportunity for staff to attend seminars. Staff that do attend seminars are required to disseminate information to others that would benefit. In FY2002 the facility dedicated \$7,880.29 to inservices and seminar funding and anticipate spending \$5000 in FY2003.

Recommendation: Continue to fund and facilitate opportunities for staff to receive advanced career training.

DMHMRSAS Response: HWDMC encourages employees to attend school for upward mobility. Funding for school is based on the criteria set forth in the HWDMC Employee Educational Assistance Instructions. Currently, thirteen nursing staff are pursuing advanced nursing careers. Two Licensed Practical Nurse are enrolled in Registered Nurse Programs, ten Certified Nurse Aides are enrolled in Licensed Practical Nurse programs, and one RN is enrolled in a Bachelor of Science in Nursing program. Four other non-nursing staff are pursuing advanced careers in fields such as computer science, business management, healthcare and social work. In addition, one of the nursing staff successfully completed the transitional LPN to RN program in 2000, utilizing the Educational Leave and the educational assistance provided by HWDMC. The work schedules of the employees who are enrolled in advanced career classes are accommodated based on their class schedule, which results in an approved special shift schedule. The employees enrolled in school are also exempted from the mandatory overtime during their class days. Although these special work schedule accommodations are provided to these employees, appropriate coverage for patient care is still the main priority.

The Petersburg campus (HWDMC, SVTC and CSH) has been pursuing Workforce Development initiatives. SVTC is leading these initiatives that include the School –at – Work Program, and community college classes on campus. Governor Warner has officially designated the DMHMRSAS Petersburg Campus as the “Workforce Development” demonstration and pilot site. Classes will include RN, LPN, or any other

college courses including computer technology, HVAC, and childcare. Twenty-nine employees took the John Tyler Community College admissions test last August 2002. There are plans to apply for several Grant programs for funding. A meeting was held on September 20th with a representative of the Capital Compassion Fund.

Finding 2.4 HWDMC has experienced a change in psychiatric consultant.

Background: For the last several years that has been consistent access to a psychiatrist for the patients at HWDMC. Due to inability to reach mutual financial agreement, this has changed such that there is a new contract with an MCV psychiatrist to work at HWDMC. At the time of this inspection the new physician had not had an actual clinical consultation day at HWDMC. This is reported as a finding and will be monitored because it represents an area wherein patients at HWDMC have been vulnerable in the past.

Recommendation: Continue to support access to psychiatrist for those patients in need at HWDMC.

DMHMRSAS Response: Until recently, psychiatric consultations for those patients permanently assigned to HWDMC are provided by locum tenens physicians who had experience managing patients similar to our patient population. Contract psychiatrists from the Virginia Commonwealth University, Medical College of Virginia Section (MCV) are now used. There are many advantages to further developing relationships with MCV. Instead of one locum tenens physician, there are several board certified psychiatrists involved with patients in an academic setting and full time coverage is available if questions arise when the contract psychiatrist is not physically present at HWDMC. The academic setting also provides current and developing medical knowledge.

Patients transferred from Central State Hospital to HWDMC on special hospitalization status for medical problems, continue to be followed by their attending psychiatrists.

ACTIVITY OF PATIENTS

Finding 3.1: Active treatment is challenging for this complex and medically fragile population.

Background: Providing an active treatment program for the populations served at HWDMC has been a challenging endeavor for this facility as the profile of patients served are different than that of the other state-operated facilities. 52 of the 69 patients hospitalized were identified as being bed bound, non-ambulatory and needing total care in the normal activities of daily living. Literature indicated that often these individuals have little or no voluntary movement. Many were described as “having spasticity or rigidity and are osteoporotic”. The majority of patients at the facility require intensive

nursing interventions for basic physical maintenance. The medical and rehabilitation staffs are frequently assessing appropriate levels of care for this complex and medically fragile population. Nursing staff conduct daily assessments of the patients. The level of care provided includes constant individualized physical management to maintain skin integrity, overall hygiene and support of activities designed to preserve the patients' current level of functioning. The parent interviewed indicated that one significant measure regarding the quality of care within the facility is the fact that his bed bound child has not has a "bed sore" in the nine years he has been a patient.

Daily morning rounds are conducted. During these rounds a number of professional staff tour the wards as a group discussing the current status of each of the patients. Not only does this allow for staff involved in the care of each patient to discuss treatment objectives and interventions, many immediate care issues are identified and addressed at that time. For example, PT and OT staff are able to observe the positioning of the patients and make corrections or recommendations for proper physical management. Physical therapy staff, occupational therapy staff and speech therapy staff complete formal quarterly assessments.

During the inspection, it was noted that at least 90% of the patients were in their beds. Continued efforts are needed to assure that those individuals capable of being engaged in activities are afforded every opportunity to do so. This effort will enhance each persons' ability to maintain and/or improve their current level of functioning.

Recommendation: Continue efforts at assuring that each person has the opportunity to engage in appropriate levels of activity in order to maintain and/or improve their current level of functioning.

DMHMRSAS Response: The Restorative Team continues to guide planning and implementing patient restorative programs. Policies and procedures for a Bowel and Bladder program and Splinting and Positioning program have been developed including staff training and Team review. Future programs include Range of Motion and Dining.

The Therapeutic Recreation Department has started using a new Die-Cut machine with patients. This machine enables patients to create many paper craft projects.

With more patients getting out of bed in specialized wheelchairs, more patients are able to go on rides or travel to outings in the facility's wheelchair lift van.

Social Services, Therapeutic Recreation, and Occupational Therapy are exploring ways to implement an Assistive Technology Program for patients. HWDMC patients may be transported to the SVTC Technology Lab when not in use by SVTC patients.